

Old LEASH pet surrender request form

First name

Katherine

Last name

Schutz

Street address

354 hidden palm circle, 203

City

Kissimmee

Zip code

34747

Email

kschutz31@gmail.com

Phone

(407) 821-7407

Reason for surrender

Not getting along with dog

My current living situation is...

I would rather not say.

I have read and understood the pet rehome statement.

yes

About the animal(s)

Number of animals to be discussed?

1

Animal 1

Animal 1 name

Gia

Animal 1 species

cat

Animal 1 color

Tiger stripe

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

yes

Animal 1 photo



IMG_2296.jpeg

Just a few more questions...

How long have you had the animals?

2 - 3 months

Reason(s) for concern - click all that apply.

- allergies
- cost of food
- conflict with others

Administration

Shelter to client contact date

02/21/2024

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

yes

Appointment 1

Date of appointment 1

04/16/2024

Time of appointment 1

10:00 am

Appointment 2

Date of appointment 2

06/11/2024

Time of appointment 2

10:30 am

Outcome data

Call outcome

appointment made

Final call date

02/21/2024

Admin notes

rescheduled because she was in the hospital in april CH

Close ticket

no